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## CONFIRMATION

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**Congratulations. Your filing has been successfully certified.**

Filing 2 was successfully certified on Mon 30 Jun 14 10:32:32 PM EDT by julie.laine@twcable.com .

SAC : 159027

SPIN : 143019523

Carrier Name : Time Warner Cable Information Services (New York) LLC

Program Year : 2015

[Return to 481 Search](#)

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**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

 FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	159027
<015> Study Area Name	Time Warner Cable Information Services (New York) LLC
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Julie Laine
<035> Contact Telephone Number: Number of the person identified in data line <030>	2123648482 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	julie.laine@twcable.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input type="checkbox"/> ← check box if no outages to report		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="text"/> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<input type="text"/> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.45	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <input type="text"/> 159027ny510.pdf	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <input type="text"/> Form 481 Line610063014.pdf	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

<2000> Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010> Study Area Code	159027
<015> Study Area Name	Time Warner Cable Information Services (New York) LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Julie Laine
<035> Contact Telephone Number - Number of person identified in data line <030>	2123640002 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	julie.laine@twcable.com
<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>
If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5	
<111> year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.




(200) Service Outage Reporting (Voice)  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<015>	Study Area Name	Time Warner Cable Information Services (New York) LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Julie Laine
<035>	Contact Telephone Number - Number of person identified in data line <030>	2123648482 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie.laine@twcable.com

[illegible]

## **Form 481, Line 510**

### **Service Quality Standards and Consumer Protection Rules Compliance**

As a certificated provider of local access and exchange service in New York state, including Lifeline, TWCIS (NY) is subject to federal and New York state law and regulation governing consumer protection and telephone service quality. Moreover, TWCIS (NY)'s cable television services are subject to state public service and consumer protection law and regulations that are similar to rules governing telephone utilities which address various aspects of the customer and service provider relationship such as applications for service, termination, reconnection of service, customer notice, late payment charges and customer complaints. To wit, TWCIS (NY) must treat subscribers who opt for service offerings that bundle cable and voice services in accordance with overlapping but largely consistent regulations for both services.

Following its designation as an Eligible Telecommunications Carrier, TWCIS (NY) began statewide sales and marketing of a Lifeline product set in July, 2013. Coincident with the launch of Lifeline, TWCIS (NY) began the process to develop and produce monthly service quality reports in accordance with 16 NYCRR § 603 et seq. It began filing monthly service quality reports with the New York Public Service Commission (NYPSC) in June, 2013. As TWCIS (NY) began to develop a base of Lifeline subscribers in the state, it began to extract and produce for the NYPSC the same installation and repair metrics required by § 603 for Core Customers, who are predominantly Lifeline subscribers. In addition to Lifeline customers, the Core Customer base includes voice customers who are known to be handicapped, elderly or subject to medical conditions afforded collection treatment in accordance with 16 NYCRR § 609.5.

Following is a summary of the Service Quality metrics TWCIS (NY) provides the NYPSC on a monthly basis pursuant 16 NYCRR § 603.

**1. Customer Trouble Report Rate (CTTR)**

**a) Initial Customer Trouble Reports per 100 Access Lines per Month**

Performance Threshold: 5.5 or less

**2. Customer Trouble Report Rate (CTRR)**

**b) 85% or More of Total Central Offices At or Below 3.3 Reports Per Hundred Lines**

Performance Threshold: 85% or greater

**3. Percent Out-of-Service Over 24 Hours (%OOS>24 Hours)**

Performance Threshold: 20.0% or less per administrative reporting entity.

**4. Percent Out-of-Service Over 24 Hours (%OOS>48 Hours)**

Performance Threshold: 20.0% or less per administrative reporting entity.

**5. Percent Initial Basic Local Exchange Service Line Installations Within 5 days**

Performance Threshold: 80.0%

**6. Percent Initial Commitments Missed**

Performance Threshold: 10% or less for each installation administrative entity.

**7. Percent of Final Trunk Group Blockages**

Performance Threshold: 3.0% or less.

**8. Business/Repair Office Answer Time (answered within 30 seconds)**

Performance Threshold: 80.0% or greater

**9. Operator Assistance Average Answer Time**

### **Functionality in Emergency Situations**

Time Warner Cable (TWC) routinely engages in targeted preplanning to address known and unforeseen emergency events. TWC's Network Operations Center (NOC), Network Communications Center (NCC) and Technical Operations Center (TOC) initiate, as far in advance as possible, Incident Management Plans to reserve and deploy resources to optimize restoration efforts and information dissemination in the event of a major network disruption. NOC and TOC preplanning can take many forms but invariably includes increasing network operations staff, placing field technicians and contracted fix agents on heightened standby alert, preapproval of overtime coverage, review of network capacity where a weather emergency is forecast and pre-deployment of portable generators and standby equipment to remedy power related service impacts. The above measures and others all aim to quickly engage all necessary resources to remedy any disruption to voice or broadband services.

TWC also has a comprehensive Emergency Response Plan (ERP) grounded in principles of business continuity that govern TWC's approach to service restoration and stakeholder communication during a natural or man-made crisis. TWC's national NOC in Herndon, VA is always on standby to activate the ERP if a service-affecting event or the TOC initiates activation. The ERP establishes a tiered incident management structure that clearly defines responsibilities and directs network remediation activity in a manner that avoids duplicitous restoration efforts by local, corporate and contracted technical resources. The plan centralizes and corroborates situational awareness communication to various stakeholders. At the center of the ERP is a regional NOC in Syracuse, NY and the Herndon national NOC, which are equipped to coordinate cross functional support, damage assessment and escalation activity using incident management software. During service-affecting events, the national NOC hosts a conferencing bridge to serve as a technical resource and to provide situational reporting in support of local crisis response and crisis management teams. Finally, TWC is able to quickly activate an Emergency Operations Center (EOC) via its national NOC as conditions warrant.

In the New York state study area specifically, TWC has formal relationships with both the New York City and New York State Offices of Emergency Management (OEM) and each agency has points of contact with TWC. In the event that the city and/or state activates EOCs to manage an event, TWC would make personnel available to sit in either or both EOCs, or would engage virtually. TWC is further engaged at the federal level with the Department of Homeland Security and the National Coordinating Council for Telecommunications (NCC) and the NCC's Information Sharing and Analysis Center (ISAC). TWC's Enterprise Director of Business Continuity and Crisis Management is the vice-chairman of the Communications ISAC where information sharing among telecommunication carriers occurs. TWC also has direct relationships with many New York state power utilities.



(700) Price Offerings Including Voice Rate Data  
Data Collection Form

FGC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	159027
<015>	Study Area Name	Time Warner Cable Information Services (New York) LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Julie Laine
<035>	Contact Telephone Number - Number of person identified in data line <030>	2123648462 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie.laine@twcable.com

<701> Residential Local Service Charge Effective Date  
<702> Single State-wide Residential Local Service Charge

1/1/2014

[illegible]



(710) Broadband Price Offerings  
Data Collection Form

FCC Form 4B1

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	159027
<015>	Study Area Name	Time Warner Cable Information Services (New York) LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Julie Laine
<035>	Contact Telephone Number - Number of person identified in data line <030>	2123648402 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie.laine@twcable.com

[illegible]

(800) Operating Companies  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0985/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	159027
<015>	Study Area Name	Time Warner Cable Information Services (New York) LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Julie Laine
<035>	Contact Telephone Number - Number of person identified in data line <030>	2123648482 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie.laine@twcable.com
<810>	Reporting Carrier	Time Warner Cable Information Services (New York), LLC
<811>	Holding Company	
<812>	Operating Company	

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	159027
<015>	Study Area Name	Time Warner Cable Information Services (New York) LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Julie Laine
<035>	Contact Telephone Number - Number of person identified in data line <030>	2123648482 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie.laine@twcable.com

&lt;910&gt; Tribal Land(s) on which ETC Serves

&lt;920&gt; Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.<br><922> Feasibility and sustainability planning;<br><923> Marketing services in a culturally sensitive manner;<br><924> Compliance with Rights of way processes<br><925> Compliance with Land Use permitting requirements<br><926> Compliance with Facilities Siting rules<br><927> Compliance with Environmental Review processes<br><928> Compliance with Cultural Preservation review processes<br><929> Compliance with Tribal Business and Licensing requirements. | <table border="1"> <tr> <th>Select<br/>(Yes, No,<br/>NA)</th> </tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table> | Select<br>(Yes, No,<br>NA) |  |  |  |  |  |  |  |  |  |
|---|---|----------------------------|--|--|--|--|--|--|--|--|--|
| Select<br>(Yes, No,<br>NA)  |   |                            |  |  |  |  |  |  |  |  |  |
|   |   |                            |  |  |  |  |  |  |  |  |  |
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|   |   |                            |  |  |  |  |  |  |  |  |  |

Select (Yes, No, NA)



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	159027
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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Julie Laine
<035>	Contact Telephone Number - Number of person identified in data line <030>	2123648482 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie.laine@twcable.com

Please check this box to confirm no terrestrial backhaul  
<1120> options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers  
<1130> broadband service of at least 1 Mbps downstream and 256 kbps  
upstream within the supported area pursuant to § 54.313(G) ☐

**(1200) Terms and Condition for Lifeline Customers****Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	159027
<015>	Study Area Name	Time Warner Cable Information Services (New York) LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Julie Laine
<035>	Contact Telephone Number - Number of person identified in data line <030>	2123648482 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie.laine@twcable.com

&lt;1210&gt; Terms &amp; Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

&lt;1220&gt; Link to Public Website

HTTP <http://www.timewarnercable.com/en/about-us/legal/regulatory-notice/state-tariffs.html>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

&lt;1221&gt; Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



&lt;1222&gt; Details on the number of minutes provided as part of the plan,



&lt;1223&gt; Additional charges for toll calls, and rates for each such plan.



**(2000) Price Cap Carrier Additional Documentation****Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	159027
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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Julie Laine
<035>	Contact Telephone Number - Number of person identified in data line <030>	2123648482 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie.laine@twcable.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} ☐

<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification Support Used to Build Broadband ☐

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information



## (3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

## Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Julie Laine
<035> Contact Telephone Number - Number of person identified in data line <030>	212648482 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	julie.laine@twcable.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
Milestone Certification [47 CFR § 54.313(f)(1)(i)]

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions [47 CFR § 54.313(f)(1)(ii)]

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
(3014) If yes, does your company file the RUS annual report

[Yes/No]

[Yes/No]

☒
☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports [Operating Report for Telecommunications Borrowers] ☐  
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

[Yes/No]

☒
☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers. ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier  
Data Collection Form**

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 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
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<039> Contact Email Address - Email Address of person identified in data line <030>	julie.laine@twcable.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: Time Warner Cable Information Services (New York) LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/30/2014
Printed name of Authorized Officer: Julie Laine	
Title or position of Authorized Officer: Group Vice President & Chief Counsel	
Telephone number of Authorized Officer: 2123648482 ext.	
Study Area Code of Reporting Carrier: 159027	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier  
Data Collection Form**

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<039> Contact Email Address - Email Address of person identified in data line <030>	julie.laine@twcable.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



## Attachments

(200) Service Outage Reporting (Voice)  
Data Collection Form

FCC Form 4B1

OMB Control No. 3060-0985/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	159027
<015>	Study Area Name	Time Warner Cable Information Services (New York) LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Julie Laine
<035>	Contact Telephone Number - Number of person identified in data line <030>	2123648482 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	julie.laine@twcable.com
<220>		

[illegible]